

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 487

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Republican Party of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lyons, William, , ,**

Mailing Address PO Box 130267

City  
Tampa

State  
FL

Zip Code  
33681-0267

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Third Generation Consultants

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 10 / 2017

**Transaction ID : ADE6FEA1F7B5F476CA76**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Willingham, Thomas, , ,**

Mailing Address 5545 Shawland Road

City  
Jacksonville

State  
FL

Zip Code  
32254-1673

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 10 / 2017

**Transaction ID : A09ABFF39766943D5B72**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Milam, Rowland, , ,**

Mailing Address 1828 Venetian Point Drive

City  
Clearwater

State  
FL

Zip Code  
33755-1752

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OSI

Occupation (for Individual)  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 11 / 2017

**Transaction ID : A66C24EA699CD4834931**

Amount of Each Receipt this Period

350.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1850.00